THE QUALITY OF LIFE OF AGED PEOPLE LIVING IN HOMES FOR THE AGED

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This is a descriptive cross-sectional study. The sample consisted of 93 aged people, divided among four institutions in the municipality of Lamego (Portugal). The purpose of this study was to investigate the quality of life of the sample and the factors affecting it, and identify the degree of dependence in basic daily living activities. The data was collected using the following: i) a bio-relational questionnaire, ii) a quality of life evaluation scale, and iii) the Katz Index. In terms of the quality of life of the institutionalized aged people, 51.6% include themselves in the group with quality of life, and it was observed there was a positive correlation between the Katz index and the quality of life index in the institutionalized aged people. There were no differences in the quality of life index regarding gender, marital status, degree of education, and the presence of pain in the institutionalized aged people.

DESCRIPTORS: aged; homes for the aged; quality of life

LA CALIDAD DE VIDA DE LA PERSONA DE EDAD AVANZADA INSTITUCIONALIZADA EN HOGARES DE ANCIANOS

Se trata de un estudio del tipo descriptivo y transversal, englobando una muestra con 93 ancianos, divididos en cuatro instituciones del Concejo de Lamego (Portugal), con el objetivo de conocer la calidad de vida, y los factores que la influencian, e identificar el grado de dependencia en las actividades básicas de la vida diaria. En la recolección de los datos se utilizó: i) formulario bio-relacional del anciano, ii) la planilla de evaluación de la calidad de vida del anciano, y iii) el índice de Katz. De las personas ancianas institucionalizadas, 51,6% están incluidas en el grupo con calidad de vida, existiendo una correlación positiva entre el índice de Katz y el índice de calidad de vida del anciano institucionalizado. El índice de calidad de vida no cambia en función del sexo, del estado civil, del nivel de instrucción y de la existencia de dolor de la persona anciana institucionalizada.

DESCRIPTORES: anciano; hogares para ancianos; calidad de vida

A QUALIDADE DE VIDA DA PESSOA IDOSA INSTITUCIONALIZADA EM LARES

Trata-se de estudo do tipo descritivo e transversal, englobando amostra com 93 idosos, divididos por quatro instituições do Concelho de Lamego (Portugal), com o objetivo de conhecer a qualidade de vida, e fatores que a influenciam, e identificar o grau de dependência nas atividades básicas da vida diária. Na recolha de dados utilizou-se: i) formulário bio-relacional do idoso, ii) a grelha de avaliação da qualidade de vida do idoso e iii) o índice de Katz. Das pessoas idosas institucionalizadas, 51,6% referem se incluir no grupo com qualidade de vida, existindo correlação positiva entre o índice de Katz e o índice de qualidade de vida do idoso institucionalizado. O índice de qualidade de vida não difere em função do sexo, estado civil, nível de instrução e da existência de dor da pessoa idosa institucionalizada.

DESCRITORES: idoso; instituição de longa permanência para idosos; qualidade de vida

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INTRODUCTION

There is unquestionable data revealing that the world population is aging[1]. The aging process, however, does not occur in the same way in every country. The so-called developed countries show more dramatic percentages, although developing countries are the ones with the greater number of older people[2]. Experts and institutions that deal with this issue are in agreement that the causes of aging are mostly due to three factors[3-4]: reduced fecundity, technological evolution, which increased life expectancy rates, and migration balance[5]. Effectively, in Portugal the situation is not much different from that of other developed countries and, although population aging happened later, its evolution was faster. There are estimates that by 2050 Portugal will have the forth-highest percentage of older people in the European Union[6]. In fact, population aging in Portugal (at the geographical level) did not happen equally, as it is observed that, considering the data regarding the Continent, in 2005, the Northern region had the lowest aging rate (90.9). Nevertheless, that rate is higher in some Northern sub-regions, namely in the Douro sub-region (142.8), which is part of the Concelho de Lamego (115.8). It is worth stating that, as in most situations of change at the world level, society is usually unprepared to deal with those transformations, and thus takes some time to adapt and implement measures aiming to control and minimize the effects caused by the referred alterations. Hence, there is general knowledge that some of these situations are often reported as difficult to adapt to or solve in terms of new requirements, such as[7]: i) the difficulty, in terms of health systems, to sustain the burden related to a population progressively aging and requiring specific care; ii) the accumulation of chronic pathologies, due to the fact that the elderly are living longer; and iii) the financial feasibility of social security systems, namely concerning pensions and retirement benefits, since there are less and less tax payers.

Furthermore, it should be observed that governments often do not adopt measures to face this reality because, in fact, the line of action often aims to remediate the problems of the elderly instead of creating a policy for early detection and solving of those issues. Effectively, this point also helps to underline the fact that social support for the elderly is insufficient and often of poor quality, as is the case in some homes for the aged. It is known that this social support should be seen as a last resource[8]. Nevertheless, these institutions have to struggle to obtain quality services, which sometimes are not achieved. Even today, with all of our technology and combined knowledge, these institutions are not what they should be. Indeed, the history of these institutions often shows a very dark and quite infamous past. There is common knowledge of the fact that, often, their purpose is to ensure the minimum survival conditions to those in need[9].

The elderly are seen more and more as individuals with the right to live in a favorable environment, and should take responsibilities throughout their own aging process. In fact, the abilities of the elderly should be duly acknowledged and encouraged, taking advantage of "their strengths" and their sea of knowledge and experiences, which means they are capable of taking part in the dynamics of administrating the homes of the aged[10]. The importance of the institutional environment regarding the quality of the aging process, which is provided to this age segment of the population, should meet the demands and requirements so as to make the aging process easier[10]. It is evident that the physical aspects of this environment are important, but are not solely responsible for the situation. Rather, every variable should be taken into consideration. Hence, it should be a stimulating environment so as to offer a collection of experiences that would allow the aged person to remain active under every perspective, and aim to improve the negative aspects of aging to some extent, always with the purpose to contribute to a better quality of life. In fact, since every country in the world stives for increased life expectancy and longevity, it would truly be beyond understanding if every single possible effort is not made to not only increase the number of years in one's life, but also the quality of life in those extended years. The inquiry of the present study that results from all the aforementioned considerations is: what will be the quality of life of the elderly institutionalized in homes for the aged located in Concelho de Lamego?

MATERIALS AND METHODS

This is an exploratory, descriptive, and cross-sectional study. The population consisted of all the elderly institutionalized in homes for the aged located in Concelho de Lamego (N=183). The selection criteria was that the subjects were conscious and oriented in time and space. Hence, the sample was made up of 93 aged people (50.8% of the total population). The tools used for data collection were the following: the biorelation form for the elderly, consisting of 14

questions that aim to characterize sociodemographic aspects and those concerning their relationship with their family, other aged people, and with the workers; the General Health Direction quality of life evaluation scale[12], which has seven components (isolation/ affective and social communication, mobility, daily life activities, occupational activities, recreational activity, family relationship, economic resources). Each component is divided into classes, and scored zero (0) to eight (8), thus the quality of life rate ranges between 3 and 50 points, considering that quality of life exists when scores are equal to or above 23; and iii) the Katz index to evaluate the aged people's performance in daily life activities (bathing, getting dressed, using the toilet, mobility, continence, eating).

The answer choices to each item are: dependent and independent, and the scores were 0 and 1, respectively. The final score ranges between 0 and 6 points, hence the aged people were clustered into three different groups (0-2 points: significant dependence; 3-4 point: partial dependence; 5-6 points: independence). As to the ethical procedures, each institution provided written permission, and a meeting was held with the managers to inform them about the study goals and to ensure that the institutions would remain anonymous in the presentation and discussion of the results. The aged individuals were also informed that they were free to choose to participate in the study or not and that any collected data would remain anonymous and confidential. Data collection with the elderly was done individually in a specific room and always with the presence of the study author. In terms of data interpretation, the first step was to perform univariate analysis (descriptive statistics), through absolute frequencies, central tendency measurements (means), and dispersion measurements (standard deviation). Since the sample consisted of few elements and did not have a normal distribution, Kruskal-Wallis, Mann-Whitney and Spearman Rho correlation coefficients were used to test the hypotheses.

RESULTS

Table 1 clearly shows there are more women among the aged people, with the highest concentration at institution 1, 82.1%. The lowest percentage of female participants was observed in institution 2, with 71%. Hence, females represent 75.3% of the total sample of institutionalized aged people. When the data are considered in total, it is observed that most aged people (59.1%) were among the age group of 75 – 84 years. When data are more individualized, it is observed that, in every institution, the largest age group is 75-84 years, and it was observed that institution 4 had the maximum peak, with 85.7%, while institution 1 had the minimum peak, with 50%. It should be emphasized that, in institution 1, the percentage of aged people in the 85-94 years age group is greater than that of people aged 65-74, with 35.7% and 14.3%, respectively. This fact was not observed in any other institution, hence the age group of 65-74 was equal, in one case, and showed higher percentages in the other two institutions. The percentage of widowed individuals reached high levels in every institution, with the maximum peak in institution 4, with 71.4%. The sample data show that the marital status *widowed* obtained the highest percentage (62.4%).

Table 1 – General sample data

	Institution 1		Institution 2		Institution 3		Institution 4		Total	
	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%
Gender										
Male	5	17.9	9	29	7	25.9	2	28.6	23	24,7
Female	23	82.1	22	71	20	74.1	5	71.4	70	75,3
Age										
65-74	4	14.3	5	16.1	7	25.9	1	14.3	17	18,3
75-84	14	50	21	67.8	14	51.9	6	85.7	55	59,1
85-94	10	35.7	5	16.1	6	22.2	0	0	21	22,6
Marital Status										
Married	2	7.1	2	6.5	2	7.4	0	0	6	6,4
Single	9	32.2	10	32.2	4	14.8	1	14.3	24	25,8
Divorced	0	0	2	6.5	2	7.4	1	14.3	5	5,4
Widowed	17	60.7	17	54.8	19	70.4	5	71.4	58	62,4
Total	28	100	31	100	27	100	7	100	93	100

When the aged individuals were asked who broached the idea of institutionalization, 46.2% stated they had had the idea themselves, followed by 30.1% reporting that the suggestion came from their children. As to the motive for making the decision, it was found that there were various reasons that made the aged individuals turn to that social support. The main reason was loneliness (49.4%). The other explanations with the highest percentages were related to health issues (21.4%), and those related to health and loneliness (12.9%). The type of daily pastime activities they reported was rather limited, considering that 91.4% of them said they use conversation with other people to pass time during the day.

Table 2 shows that in institutions 1 and 2, 53.6% and 54.8% of the aged individuals, respectively, report they are in the group with quality of life, whereas in institutions 3 and 4, 51.9% and 57.1% of the aged persons report being in the group without quality of life. In terms of overall results, 51.6% of the institutionalized aged people report being in the group with quality of life, while 48.4% report the contrary.

Table 2 – Index of quality of life in aged people

	Institution 1		Institution 2		Institution 3		Institution 4		Total	
	Nº	%	Nº	%	Nº	%	Nº	%	Nº	%
Without quality	13	46.4	14	45.2	14	51.9	4	57.1	45	48.4
With quality	15	53.6	17	54.8	13	48.1	3	42.9	48	51.6
Total	28	100	31	100	27	100	7	100	93	100

When the quality of life index is related with the gender of the aged people, according to the home they live in (Table 3), it is concluded that most male individuals, in almost every institution, are in the group with quality of life. The exception is observed in institution 1, in which a higher percentage (60%) of aged people reported they were not in that group. In terms of total male population, it is observed that 65.2% are in the group with quality of life, while 34.8% report they are in the group without quality of life. As for women, it is observed the situation differs among the institutions. Hence, while in institution 1 the highest percentage refers to being in the group with quality of life (56.5%), in institutions 3 and 4, the highest percentage of aged women reported being in the group without quality of life (60% and 80%, respectively). In institution 2, the percentages were the same (50%). In general terms, it can be stated that 52.9% of the aged people are in the group with quality of life, and 47.1% are in the group without quality of life. Hence, it can be inferred that there is no gender-related difference in the quality of life index for institutionalized aged people, since the Mann-Whitney test showed no statistically significant differences (p=0.109) between the quality of life index and gender. The same was observed when the institutions were analyzed individually (institution 1, p=0.630; institution 2, p=0.471; institution 3, p=0.071; institution 4, p= 0.241).

Table 3 – Quality of life index according to gender and institution

Institution	Gender	Quality of life			
		Without quality		With quality	
		N	%	N	%
Institution 1	Male	3	60	2	40
	Female	10	43.5	13	56.5
Institution 2	Male	3	33.3	6	66.7
	Female	11	50	11	50
Institution 3	Male	2	28.6	5	71.4
	Female	12	60	8	40
Institution 4	Male	0	0	2	100.0
	Female	4	80	1	20

As for the quality of life index per age group, in almost in every institution the percentage of aged people that reported being in the group without quality of life increases as their age also advances. The opposite was observed in the percentage of aged people that reported being in the group with quality of life. It is therefore observed that the quality of life index of institutionalized aged people differs among age groups, and the Kruskal-Wallis test for the total sample shows there are significant differences (p=0.042) between age groups and quality of life. Taking into consideration the overall institutionalized aged people's marital status, it is observed that widowers were the aged people who most reported being in the group without quality of life (51.7%). In addition, most aged people in the group with quality of life are married (66.7%). It should be observed, however, that the Kruskal-Wallis test, in terms of the total sample, shows there are no statistically significant differences (p=0.418) between marital status and quality of life among the elderly. Table 4 shows that in every institution most aged individuals are independent, with the minimum value of 50% in institution 1 and the maximum value of 74.1% in institution 3. As to partial dependence, it is observed

that the percentages range between 22.2% in institution 3 and 42.9% in institutions 1 and 4. As to the degree of significant dependence, the percentages range between 0% in institution 4, and 7.1% in institution 1. In summary, and in terms of the total percentages of this population, it should be emphasized that 63.4% of the institutionalized aged people are independent, while only 4.3% of them are significantly dependent.

Table 4 – Katz index for the institutionalized aged people

Katz index	Institution 1		Institution 2		Institution 3		Institution 4		Total	
	N	%	N	%	N	%	N	%	N	%
Independence	14	50	21	67.8	20	74.1	4	57.1	59	63.4
Partial dependence	12	42.9	9	29	6	22.2	3	42.9	30	32.3
Significant dependence	2	7.1	1	3.2	1	3.7	0	0	4	4.3
Total	28	100	31	100	27	100	7	100	93	100

As for the Katz index, in terms of gender and institution, it is observed that most men and women are independent in every institution, except for women in institution 4, in which 60% of them are partially dependent (Table 5). Partial dependence reaches higher percentages among women in every institution. In terms of significant dependence, in institutions 1 and 2, women are the only ones with this degree of dependence, with 8.7% and 4.5%. In institution 3, elderly men are the only ones with this degree of dependence, with 14.3%. None of the individuals from institution 4 are significantly dependent. From an overall perspective, it is concluded that most aged individuals, women and men, are independent (58.6% and 78.3%, respectively).

Table 5 – Katz index according to gender and institution

Institution	Gender	Katz index					
		Significant dependence		Partial dependence		Independence	
		N	%	N	%	N	%
Institution 1	Male	0	0	2	40	3	60
	Female	2	8.7	10	43.5	11	47.8
Institution 2	Male	0	0	1	11.1	8	88.9
	Female	1	4.5	8	36.4	13	59.1
Institution 3	Male	1	14.3	1	14.3	5	71.4
	Female	0	0	5	25	15	75
Institution 4	Male	0	0	0	0	2	100
	Female	0	0	3	60	2	40

When the Katz index is associated with the age group and institution, it is found that there are no significantly dependent aged people, and that in most institutions the aged people are independent. In the age group of 75-84 years, despite showing the appearance of significant dependence in institutions 1 (14.3%) and 2 (4.8%) in small numbers, it is observed that most aged people remain independent. In terms of the age group 85-94 years, in the first two institutions, most aged people are partially dependent (60% and 80% respectively), whereas independent people are the majority in institution 3 (50%). It was also found there is a positive correlation between the Katz index and the quality of life index in institutionalized elderly, since the Spearman's Rho coefficient showed that the findings reveal high positive linear associations, in the total sample ($r=0.706^{**}$, for $p<0.01$) as well as when institutions were individually analyzed: institution 1, ($r=0.727^{**}$, for $p<0.01$); institution 2, ($r=0.751^{**}$, for $p<0.01$); and institution 3, ($r = 0.698^{**}$, for $p<0.01$). The exception is institution 4, in which the association, despite being positive, was not significant ($r=0.613$, $p=0.072$).

DISCUSSION

It was no surprise that most of the institutionalized people were women (72.1%) since this factor is, to some extent, a reflection of the general outcomes observed for this age group. In fact, just being a woman is a risk factor for institutionalization[13]. Furthermore, the study sample's mean age (80.05 years) is in agreement with the results found by Martins[14], in which the sample ages of the institutionalized aged persons was between 79.06 and 78, respectively. Being a widower – and the associated loneliness – is one of the possible causes for institutionalization[7]. Consequently, it is no surprise that 62.4% of aged persons are widowers, and being single is the second most common marital status (25.8%).

Institutionalization is often the last alternative for older people. These study results show that the initiative for institutionalization came from the aged (46.2%), followed by the initiative from their children (30.1%). When the subjects were asked about the reason for their institutionalization, 77.7% reported that the decision was made based on two major motives: loneliness and health issues. In fact, these

same reasons are stated by several researchers as the main causes for institutionalization[7,13].

It is clear that, as the years go by, there is an increasingly stronger possibility that some kind of physical problem will occur. Since the study population has a mean age of 70 years, one may assume that more physical problems will occur a the population ages. Inneed, 83.9% of the elderly people reported having health problems. It should also be emphasized that since 42.3% of the aged people reported having more than one pathology, usually chronic, it is likely these individuals are more fragile physcially. Furthermore, these pathologies often imply the presence of pain. When subjects were asked about it, 55.9% stated they feel pain. It is known that institutionalization can affect the aged person at different levels[15]. It has been noted that engaging in activity can help to slow the aging process. When asked about this aspect, the aged people reported a very limited array of activities, with conversation being the most frequently reported one (91.4%), followed by watching television (78.5%),

In answer to the central study question "what is the quality of life of institutionalized aged people living at homes located in Concelho de Lamego", the conclusion is that 51.6% of the aged people reported being in the group with quality of life. Compared to the gender-related quality of life index, it is observed that aged males are the participants who most include themselves in the group with quality of life (65.2% *vs* 47.1%). As one becomes older, the quality of life index decreases. Considering that aging increases the chances for having health problems, becoming dependent in one's daily life activities, experiencing loneliness, and becoming isolated, it is easy to understand the aforementioned relationship.

In terms of the degree of dependence/ independence of the studied aged people, the Katz index showed that most of the sample is independent (63.4%) and, similarly, that although independence prevails in both genders, men are more independent than women (78.3% *vs* 58.5%). It is easily understood that, as people get older, their dependence level increases due to the prevalence of chronic diseases and the burden associated with these. In this study, it is observed that while 70.6% of the people in the 65-74 years age group were independent, the rate drops to 38.1% in the 85-94 years group. In addition, it was also observed that partial dependence increases from 29.4% in the 65-74 years group to 57.1% in the 85-94 year group.

CONCLUSIONS

To avoid aging from becoming a nightmare, and so that living does not become merely "adding years to years", there is a need to create homes for the aged that are true homes for them. The word home is associated with meanings that point at a semantic of energy and positivism. It is, therefore, necessary for practice to corroborate with theory, turning home for the aged into real homes where people can find "warmth, home, family, homeland, bread, and tranquility", so they do not feel the void caused by the process of moving away from home, friends, family, routines, and from themselves as well (who they were before institutionalization). Some may argue that the current economic crisis situation does not allow for implementing a few of the measures that were pointed out in this study. Nevertheless, apart from all the "what-ifs", the primary thought is to create a breakthrough in the sense of realizing and outlining priorities. It is unfortunate that a society such as ours does not care for their children, sick people, impaired individuals and their elderly. In this study, the understanding is that the greater the concern of a society with the aforementioned population and their suffering, the better and greater their civilization development will be. Furthermore, it also appears that, too often, it is not a mere monetary issue hampering the implementation of some of the measures that could support institutionalized aged people. It is understood that, in addition to the need to acknowledge and outline priorities, it is also essential to promote the initiative, creativity, recreational abilities, and dreams of the elderly, especially those institutionalized, so that no one need ever be afraid to grow old.

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